adverse in-hospital outcome. The impact of correcting anemia on outcomes in ACS needs long term prospective study.

Incidence of renal artery stenosis in normal coronaries with co- morbidities

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Background: A number of studies have reported association between RAS and CAD. However, there is no much data available to comment about the incidence RAS in patients with normal coronaries with Co- morbidities. In this study we have analysed 1309 patients of suspected CAD for incidence and predictors of RAS in Normal Coronaries with Co-morbidities.
Methods: A total of 1309 patients with suspected Coronary artery disease underwent coronary angiogram and renal angiograms in the same sitting. Patients having more than 50% RAS were considered significant. Data from the patients with significant RAS but normal coronaries was analysed for association with co-morbidities.
Results: Out of total 1309 patients, 74 patients had significant RAS. Among 74 patients with RAS 16(22%) had normal coronaries. 6 (37%) of them were females, 10 (62%) were males, 11 (68.7%) patients were < 60 years old, 5 (31.2%) were >60 years old, 4 (25%) were Diabetics, 6(37%) were Hypertensive's, 10(62%) were Tobacco users and 6 (37%) had Dyslipidemia.
Conclusion: This study indicates that significant number of patients (22%), irrespective of co-morbidities can have RAS with Normal Coronaries.

Cardiac Surgery

Efficacy of surgical ablation of atrial fibrillation in patients with rheumatic valvular heart disease

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Background: Atrial fibrillation is the most common sustained cardiac arrhythmia. Maze procedure concomitant with major cardiac surgeries is recognized as an effective way to eliminate atrial fibrillation.
Aims & objectives: To assess the efficacy of restoration of sinus rhythm in various surgical ablation procedures for atrial fibrillation in patients who underwent concomitant valve procedure for rheumatic valvular heart disease.
Material and method: The 100 rheumatic valvular heart disease patients above age >18years, who underwent Maze procedure concomitant with valve surgery were included in study and patients with ejection fraction $\leq$ 35% were excluded. Data was obtained from medical records. One follow up data was obtained minimum 6 months after discharge.
Results: In this study, mean age was 42.43±13.34 years with female preponderance. Most of the patients had mitral valve lesion (n=69) and mean duration of atrial fibrillation was 4.04±2.89 years. Concomitant with valve surgery 28 patients underwent left atrial Maze and 72 patients underwent Mini-Maze. Complications were observed in 10 patients. Normal sinus rhythm was achieved in 76% patients in late follow up. Significant reduction in left atrial size [8.779 mm] was observed in patients who achieved normal sinus rhythm. (P value=<0.001) The left atrial Maze and Mini-Maze method for AF ablation were equally effective. [success rate 75.0% and 76.4% respectively]
Conclusions: The surgical Mini-Maze and left atrial Maze procedure concomitant with valve surgery are equally effective in restoring normal sinus rhythm with 76% success rate.

Early experience with minimally invasive cardiac surgery program

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Background: Minimally invasive cardiac surgery (MICS) offers the advantage of improved patient satisfaction with outcomes comparable to standard techniques. However, the enhanced cost, need for specialized instrumentation, and the fear of the unknown have limited the number of surgical procedures performed. Persistence, patience and willingness to re-train our surgical teams will however, ensure the necessary impetus to this new paradigm of cardiac surgical care.
Methods: Ninety Five (95) patients were operated between January 2012 and July 2014 and were considered for this study. The patients were offered the choice of MICS during the out-patient interaction and were operated upon after obtaining informed consent for the same. The in-patients case records were reviewed and analyzed.
Results: During the study period , 95 patients underwent MICS procedures comprising of 31 MICS coronary artery bypass graft (CABG) , 30 atrial septal defect (ASD) closures, and 34 valve replacements (19 aortic and 15 mitral). There were no in-hospital or early post-operative deaths. The average intensive care unit (ICU) stay was 1.82 days with an average hospital stay of 5.3 days. Three patients (3.15%) were re-explored for bleeding and two (2.1%) required re-operation for procedure related complications. There were no wound infections.
Conclusions: Minimally invasive approaches are gaining increasing popularity in view of better cosmoses and earlier recovery times. Careful patient selection is mandatory for successful outcomes during the learning curve and with increasing experience acquired by the team the procedure can be tailored to include a larger number of patients.

Changing trends of reoperative coronary artery bypass grafting: A 16 year study

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Background: Currently fewer patients are undergoing reoperative coronary artery bypass grafting (CABG). The present study analyzed the prevalence of redo vs primary CABG, prior percutaneous coronary interventions (PCI), evolving trends and outcomes of patients undergoing reoperative CABG.
Methods: Data on demographics, preoperative risk factors and early postoperative outcomes were collected for 209 consecutive patients